

*KBN*Nursing CONNECTION

Fall 2009 | Edition 21

KBN Welcomes New Officers at August Board Meeting and Retreat



Clockwise from upper left: Sonia Rudolph, ARNP, Financial Officer; Patricia Birchfield, ARNP, Vice-President; Gail I. Wise, RN, Secretary; Jimmy T. Isenberg, RN, President

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Official Publication of the Kentucky Board of Nursing

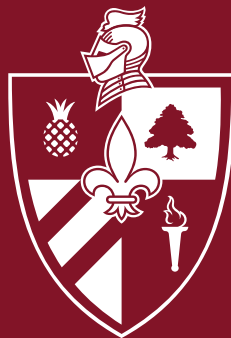
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Fall 2009, Edition 21

Published by the

Kentucky Board of Nursing

312 Whittington Pky., Ste 300

Louisville, KY 40222-5172

Phone: 800-305-2042 or 502-429-3300

Fax: 502-429-3311

Web Address: <http://kbn.ky.gov>

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It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

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CREATED BY: Publishing Concepts, Inc.

Virginia Robertson, Publisher

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www.thinkaboutitnursing.com

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Statistics Corner

As of September 14, 2009 KBN records show:

RN Active	55,202
LPN Active	14,949
RN Retired	1,283
LPN Retired	642
Advanced Registered Nurse Practitioners	3,768
Dialysis Technicians Active	550
Dialysis Technicians Inactive	478

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EXECUTIVE DIRECTOR'S MESSAGE

Summer was a busy time for KBN. It is of course the timeframe in which licensed nurses must renew and new graduates take the NCLEX examination. Lt. Governor Dan Mongiardo initiated dialogue on defining Kentucky's health-care system of the future and KBN was an invited participant to this vital discussion. We also held an off-site "teaching" board meeting at Maysville Community and Technical College.

Each August, several Kentucky Board of Nursing members and staff attend the annual meeting of the National Council of State Boards of Nursing (NCSBN). NCSBN is the umbrella organization that supports Boards of Nursing in carrying out the many functions required by their state laws and regulations to protect the public. This includes development and oversight for the administration of the NCLEX examination. Membership is comprised of the 50 states, District of Columbia, and four United States territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. Each member board has two votes in the General Assembly which is the governing body of NCSBN.

During 2009, NCSBN became an international organization by accepting as associate members four Canadian colleges (i.e. boards) of nursing: British Columbia, Ontario, Manitoba and Alberta. The exchange of information between the American and Canadian nursing regulators has already proven valuable and I look forward to future opportunities for communication and collaboration.

The NCSBN General Assembly discussed a regulatory model for innovative education proposals. The increasing complexity in health care, changing models of care and challenges in obtaining sufficient numbers of qualified faculty across all states emphasize the need to transform how we

educate nurses. NCSBN's model rules for Education were revised to include language that would foster innovative approaches to nursing education. You should know however that your KBN board members have a long history of encouraging such programs.

In addition to various committee and project reports, other business included adoption of the 2010 NCLEX RN® Test Plan and a robust discussion on assessing the continued competence of nurses. NCSBN will continue to explore the continued competency issue throughout the next year.

Also in August, KBN president Jimmy Isenberg sent letters on behalf of the Board and the nurses of Kentucky to Representative Rick Rand, Chair of the KY General Assembly Finance and Administration Committee and to Secretary of the Executive Cabinet, Mary Lassiter. These letters expressed the Board's great concern regarding the KBN budget and the negative consequences of continued raids on KBN finances in order to balance the state's budget. I urge each of you to read this letter which appears on page 24. The executive directors of KY boards and commissions are also meeting with these and other individuals who are involved in the budget process.

Finally, as Fall begins, it is time to transition to other activities. Please renew your license if you have not already done so. If you are considering advancing your academic nursing education in 2010 – it is time to start planning. The Kentucky General Assembly will convene in January and, as with each legislative session, I urge you to be aware of those issues that affect nursing, healthcare, your community and other areas you hold important. Whatever your opinions, it is important that you take the time to share your thoughts with your legislative representatives.

Charlotte F. Beason, Ed.D., RN, NEA

The KBN president's letter to Rep. Rand and others may be found on page 24.

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PRESIDENT'S MESSAGE

Hard to believe that another year has come and gone; only seems like a few weeks ago we were welcoming new board members and planning our fall activities. As I write this, the KBN is preparing for its Annual retreat and off-site Board meeting. Information concerning the off-site meeting and Board report are included in this edition of the Connection. Additionally, the Governor has made appointments to the Board:



• **Anita F. Simmons** was appointed to represent citizens at-large and replaces Melda Sue Logan, whose term has expired. Ms. Simmons is from Hopkinsville and is a retired public health director for the Christian County Health Department. Ms. Simmons' term runs through June 30, 2013.

The governor also reappointed the following members to the board to serve for terms expiring June 30, 2013:

- **Anne H. Veno, RN** of Crestwood is the chief executive officer of the Episcopal Church Home. She represents the Kentucky Association of Homes and Services for the Aging. This will be Anne's third term on the board.
- **Carol A. Komara, RN** of Lexington is an educational consultant for the Central Baptist Hospital Nursing Administration. She represents the Kentucky Nurses Association. This will be Carol's second term on the board.
- **Sally M. Baxter, RN** of Maysville is the vice president of clinical services with PMD Corporation. She represents the Kentucky Association of Health Care Facilities. This will be Sally's third term on the board.

The Kentucky Board of Nursing welcomes Ms. Simmons to the board and congratulates the returning members. I look forward in working with the members of the board in fulfilling our mission of protecting the public.

Jimmy T. Isenberg, Ph.D., RN

Splitting tablets challenges you and your patients

Article reprinted from ISMP Medication Safety Alert! Nurse Advise-ERR (June 2008, Volume 6, Issue 6), with permission by the Institute for Safe Medication Practices

Most oral medications are available commercially in common dosage strengths, but tablet splitting has become more commonplace for several reasons. Occasionally, a patient may need to take just part of a tablet or more than one tablet when the exact dose isn't commercially available. In some cases, the patient may not be able to swallow tablets whole.¹ Financial factors also may play a role. For example, different strengths of one medication often cost about the same, so patients on a tight budget may be given a prescription for higher strength tablets and told to take a half or even one-fourth of a tablet for each dose.² Even when patients have healthcare coverage, some insurers deny payment for lower strengths of certain prescribed drugs; to get reimbursement, the patients must get higher strength tablets and split them for each dose.²

Finally, some healthcare organizations don't purchase all commercially available strengths of oral medications, so some drugs may require staff to split tablets for patient-specific doses.

A study by the Veterans Administration looked at 442 reports related to pill splitting. Of these incidents, 38% were considered adverse drug events, with most occurring in outpatient settings (65%). The study showed that two-thirds of people who were supposed to split tablets forgot to split them and took too much medication.¹ The errors were discovered when the patients tried to refill their prescriptions too early. A quarter of the medications involved were high-alert drugs, and about 9% of patients who took too much medication were harmed by their mistakes; 2% required hospitalization. In more than half of the events, the prescribed dosages had been available commercially.

If you work in a hospital, the pharmacy should split tablets and send them to the unit in patient-specific, labeled unit doses. But if you must split tablets or educate patients how to split their pills, keep in mind the situations that may lead to errors:²

- A pharmacist or nurse might misread an order written for "½ tablet" as "1-2

tablets."

- Nurses may overlook directions on the medication administration record to split the tablet and administer the whole tablet in error (a surprisingly common occurrence). If the tablet is split, the remaining half tablet not administered to the patient is either wasted or maintained in makeshift or unlabeled packaging (often a medication cup or ripped package) until the next dose, risking an error.
- If a pill splitter is not cleaned between patient uses, pill residue can contaminate the next patient's medications, risking anaphylaxis if the patient has an allergy to the drug residue.
- Patients may assume that tablets have already been split when they haven't, or they may split tablets that have already been split.
- Patients with visual problems or poor manual dexterity may not be able to split tablets.
- Patients may get confused and split the wrong tablets.
- Patients may tire of splitting tablets and stop taking the medication.
- A patient may be told to split tablets in half, but the directions on the label may indicate "1 tablet" per dose. This can mislead the patient or healthcare providers who use the prescription label to gather information while taking the patient's medication history.
- Split tablets crumble easily, so the patient may not get the correct dose.
- Certain types of medications shouldn't be split (see Table 1).

Table 1

Medications that Shouldn't be Split

Tablets with enteric or special coating
Sustained and extended release tablets
Drugs with very precise dosing requirements
Very small tablets
Asymmetrical tablets
Capsules
Teratogenic medications (such as bosentan)

References: 1) Sales, MM; Cunningham, FE. Tablet splitting. Veterans Administration. *Topics in Patient Safety (TIPS)*. 2006; 6(3): 1, 4.
2) Clark, TR. Tablet splitting for cost containment. August 2002. Available at: www.ascp.com/advocacy/briefing/tabletsplittingcontainment.cfm.

check it out ✓✓✓✓

To safeguard tablet splitting for you and your patients:

✓ **Let pharmacy split.** In hospitals, the pharmacy staff should dispense exact doses by either splitting tablets and repackaging them or preparing an oral solution in a unit-dose oral syringe.

✓ **Verify suitability.** If you must administer half tablets, check drug references or ask a pharmacist to make sure that splitting tablets is safe. For reference, maintain an up-to-date list in patient care units of medications that cannot be crushed or split. If you're unsure, contact the manufacturer.

✓ **Provide the right tools.** If patients must split tablets at home, provide them with a tablet-splitting device or advise them to obtain one from their community pharmacy to improve accuracy.

✓ **Keep it clean.** Patients and healthcare providers should wash their hands before splitting tablets; healthcare workers should also wear gloves. Whenever possible, use a disposable pill cutter labeled with the patient's name. If disposable cutters are not available, wash the tablet-splitting device with water and dry it after each use to remove powder or particles.

✓ **Provide discharge education.**

Advise patients who are receiving half tablets in the hospital that their community pharmacy might give them a different strength tablet after discharge. Ensure the patient knows the actual dose of the drug, and to ask their pharmacist whether splitting tablets will be required. For patients who will split tablets, make sure they understand what to do and get a return demonstration to make sure they can do it. Enlist the help of a qualified family member if necessary.

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2009 Renewal Information

WHO: All nurses who hold a current Kentucky RN or LPN license, ARNP registration, and/or SANE credential.

WHAT: Must renew the license, registration, and/or credential.

WHEN: Between midnight Jul. 1 and midnight Oct. 31, 2009, Eastern Time

RENEWAL PERIOD ENDS October 31, 2009 at midnight!

WHERE: <http://kbn.ky.gov/renewal>

WHY: Kentucky Nursing Laws mandate renewal.

HOW: Using the last four digits of your social security number, license number, and date of birth, access and complete the online renewal application.

- Payment may be made by credit/debit card (Master Card or Visa only), a deduction directly from your checking (personal or business) or savings account, or prepaid credit cards.
- The license number that you enter will be the license that is renewed.

Notification of renewal was sent via e-mail in June and was also in the Spring 2009 edition of the KBN Connection. **Renewal postcard reminders are no longer being mailed.**

E-MAIL/ADDRESS CHANGES

If you have not given the Board a valid e-mail address, you may do so online (<http://www.kbn.ky.gov/license/addchg.htm>) with the assurance that KBN does not distribute e-mail addresses to third parties. If you moved and have not updated your address with KBN, you may do so from the Web site (listed above) or at the time you complete the online renewal application.

RENEWAL FEES

RN:	\$50
LPN:	\$50
ARNP:	\$40 for each designation
SANE:	\$35

When you click on the "submit" button at the end of the online renewal process, you are attesting that you have or will have met the continuing competency requirement by October 31. DO NOT submit evidence of continuing competency earnings unless requested to do so. Print the confirmation page for your record of payment for your license renewal.

Access to the online renewal form will be DISABLED at midnight, Eastern Time, October 31, 2009, when the renewal period ends. If you fail to renew before the renewal period ends and/or you do not submit any required documentation by that date, your license will lapse, and you will have to reinstate your license. You may not practice as a nurse in Kentucky if your license has lapsed.

Documentation required before a license will be renewed includes:

1. Court records and letters of explanation, if you answer "yes" to the criminal activity question.
2. Board certified orders and letters of explanation, if you answer "yes" to the disciplinary history question.
3. Documentation from your ARNP national certification organization, if you answer "yes" that your national certification was revoked or issued on a provisional or conditional status.
4. Other documentation requested by KBN staff.

NURSE LICENSURE COMPACT AND KENTUCKY LICENSE RENEWAL

When you renew, you must declare your state of primary residence. If your primary residence is another compact state, you will not be able to renew your Kentucky RN or LPN license.


KBN is notified of all nurses who hold an RN or LPN license in more than one compact state. A Declaration of Primary Residence form and evidence of primary residence, such as a valid driver's license, voting registration card, a federal income tax return, or Military Form, number 2058, would be required to validate which state is the primary state of residence.

The only exception to the requirement for one license issued by the state of primary residence is for the nurse who practices ONLY in a military/federal facility. If you declare a compact state as your state of primary residence AND declare that you practice ONLY in a military/federal facility, you may be issued a Kentucky single state license (valid only in Kentucky).

DECLARATION OF PRIMARY RESIDENCE

To ensure that your selection of a state of primary residence is accurately reflected in the KBN database, please follow these instructions:

Figure 1


I declare my primary state of residence to be: KENTUCKY 

LOUISIANA
 MAINE
 MARYLAND

Select the state of primary residence from the drop-down selection by clicking on and highlighting the correct state (Figure 1).


The state chosen will have a blue background. (Figure 1)

Figure 2

I declare my primary state of residence to be: KENTUCKY 

After releasing the mouse button, the state you selected will appear by itself in the box and will continue to have a blue background (Figure 2).

Figure 3

I declare my primary state of residence to be: KENTUCKY 

You MUST click the mouse button outside of the state field so the background turns to white (Figure 3) BEFORE scrolling down the renewal page. If you do not, you will change the state that you are declaring as your primary state of residence.

ARNP RENEWAL

If you are renewing your ARNP registration and your Kentucky RN license, you MUST use the RN-ARNP link on the renewal Web page. From this link, you will renew your RN license and your ARNP registration, in one or more designations, simultaneously. The combined fees are: \$90 (RN-\$50 and ARNP-\$40) for one ARNP designation, or \$130 (RN-\$50 and \$40 for each designation). You must maintain national certification in each designation.

If you are registered as an ARNP in more than one designation, you must indicate each designation that you are renewing on the online renewal application. The fee for renewing each ARNP designation is \$40 per designation, plus the \$50 RN renewal fee. You must maintain national certification in each designation.

If you hold a multistate RN license in a compact state, you must use the "ARNP Renewal Only" link on the renewal Web page. You must provide the state name and expiration date of your multistate RN license before you will be able to renew your Kentucky ARNP registration. You must continue to keep your multistate RN license active in the state of your primary residence while you practice as an ARNP in Kentucky. If your compact RN license lapses, you may not practice as an ARNP in Kentucky, even though your Kentucky ARNP registration is current.

When you click on the "submit" button at the end of the online renewal process, you are attesting that you have or will have met the continuing competency requirements, including the pharmacology requirement, by October 31. DO NOT submit evidence of continuing competency earnings unless

requested to do so. For questions about the pharmacology requirement, you may e-mail Mary Stewart (maryd.stewart@ky.gov).

Current national certification from a Board recognized national certification organization in addition to current ARNP registration is required to practice as an ARNP in Kentucky. If your national certification lapses for any period of time while your ARNP registration is current, you may not practice as an ARNP during the period of lapsed certification.

SANE RENEWAL

Before you will be able to renew your SANE credential, you must renew your RN license from the RN-LPN renewal link on the renewal Web page. When you have completed that process, proceed to the SANE link to renew your SANE credential. If you are a SANE and an ARNP, renew your RN-ARNP first (see above information) and then renew your SANE credential from the SANE link.

If your primary residence is a compact state, you must provide the state name and the expiration date of your multistate RN license before you will be able to renew your Kentucky SANE credential. You must continue to keep your multistate RN license active in the state of your primary residence while you practice as a SANE in Kentucky. If your compact RN license lapses, you may not practice as a SANE in Kentucky, even though your Kentucky SANE credential is current.

When you click on the "submit" button at the end of the online renewal process, you are attesting that you have or will have met the continuing competency requirements, including the continuing education requirement related to the role of the sexual assault nurse examiner, by October 31. DO NOT submit evidence of continuing competency earnings unless requested to do so. For questions about the SANE continuing competency requirement, you may e-mail Mary Stewart (maryd.stewart@ky.gov).

FAILURE TO RENEW BY MIDNIGHT OCTOBER 31

If you failed to renew by midnight October 31, or you failed to submit all requirements for renewal, you will be required to apply for reinstatement of your license by submitting the Universal Application for Licensure, the reinstatement fee, and copies of your Continued Competence. Remember, you cannot practice as an RN, LPN, ARNP, or SANE in Kentucky if your license has lapsed.

From our Web site (<http://www.kbn.ky.gov>) you can complete the online reinstatement application, pay the \$120 fee using a credit/debit card (Master Card or Visa only), a deduction directly from your checking (personal or business) or savings account, or prepaid credit cards. Fax your continuing competency requirements to (502) 429-3336.

You may also print the application from our web site and submit it with the \$120 fee and copies of your continuing competency requirements. It may take up to 14 days to process a paper application.

IMPORTANT CHANGE TO 201 KAR 20:225. REINSTATEMENT OF LICENSE

Beginning April 1, 2010, all applicants for licensure by reinstatement will be required to submit a criminal history report from the Kentucky Administrative Office of the Courts, Courtnet Disposition System that is within six months of the date the application for reinstatement is received at KBN. This new requirement will affect the licensure process for all nurses who reinstate a lapsed Kentucky license, including those who fail to renew a license expiring in 2010. Additional information will be available on our web-site and in future editions of the KBN Connection.



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Over 200 Attend KBN's Second Off-Site 'Teaching' Board Meeting

by **Charlotte F. Beason, Ed.D., RN, NEA**, Executive Director

Recognizing that distance hampers students and practicing nurses from easily attending KBN meetings, Board members and staff held an off-site board meeting at Maysville Community and Technical College (CTC) on August 26, 2009. The meeting was initially scheduled to be held at Blue Licks State Park, however, when the estimated meeting attendance exceeded two hundred people it became far more than the park could accommodate. KBN is grateful to Maysville CTC President Ed Story, his staff and also Debbie Nolder, program director for nursing, along with other nursing faculty who accommodated the request for a last minute change of meeting venues and for their many efforts that contributed to the successful event. In welcoming the group, President Story thanked the Board for its decision to bring a meeting to the Maysville area and spoke of the value the meeting brought to nursing students in the area.

With a goal of enabling stakeholders to meet the Board and learn its mission and function, members conducted routine business using an altered format that included committee and task force reports that were augmented by slides and explanations of committee function. Also discussed was how that committee or agenda item tied into the mission of the Kentucky Board of Nursing to protect the public. Throughout the meeting, president Jimmy Isenberg encouraged dialogue and questions between Board members and attendees, providing the opportunity for attendees to give their opinions and to ask questions about the reports or business they had just observed.

observed.

The off-site Maysville meeting was KBN's second in recent years, with the first being held at KY Dam State Park in western Kentucky. Attendees included students, practicing nurses and nursing faculty. The value of the off-site meeting was noted by both attendees and Board members. A number of students expressed appreciation for the fact that they could see issues that would affect nursing practice openly discussed by Board members and also have the opportunity to ask questions about the topics discussed. Board members welcomed the opportunity to meet attendees and respond to their questions and comments.



KBN Board members, clockwise from top left: Cheryl Hickman, Ann Fultz, Carol Komara, Gail Wise, Sally Baxter, Elizabeth Partin, Susan Mudd, Jann Gilliam, Patricia Birchfield, Anita Simmons, Sonia Rudolph, Jimmy T. Isenberg. Not pictured: Christe Coe, Jamie Daniel, Deborah Phillips, Anne Veno



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CONSUMER PROTECTION CORNER

Disciplinary Case Review by Ann Tino, RN, BSN, Certified Nurse Investigator, Consumer Protection Branch

Disclaimer: Although disciplinary action taken by KBN is a matter of public record, the identity of any nurse referenced in this article will not be revealed.

Nurse S worked at a local hospital in a transitional care unit as a registered nurse. A patient complained that her blood sugar had not been checked as it was ordered, before meals and at bedtime. This prompted a review of the patient's chart. The chart audit revealed that Nurse S documented accu-check readings for this patient, as well as another patient, without actually performing the test. Further investigation revealed that Nurse S incorrectly entered patient accu-check readings in at least four (4) additional patient charts on different dates. Nurse S was terminated for falsification of medical records.

Nurse T worked as a registered nurse in a rural hospital on a medical-surgical floor. She entered the hospital on her scheduled day off and, via the computer system, copied the patient assessments from her previous work day for use on her next scheduled work day. On the day Nurse T copied her assessments in the computer, she did not actually assess any of those patients. The copied assessments became entries into the patient's medical records, thereby appearing as if she had assessed the patients when, in fact, she had not. Nurse T was terminated for falsification of medical records.

Nurse U was a registered nurse in a nursing home in northeastern Kentucky. She was also terminated from employment for falsification of medical records. Nurse U removed and destroyed nurse's notes that included entries of another nurse and her own. She then rewrote the other nurse's entries as her own and rewrote her entry.

Nurse V was a registered nurse in a rural hospital located in southwestern Kentucky. She falsified cardiopulmo-

nary resuscitation certification cards for employees. By doing so, she implied the employees had completed all requirements for certification when, in fact, the employees had not completed all the requirements.

The nurses referenced above had obvious lapses in judgment, some more serious than the others. The ramifications of Nurse S's actions (falsifying accu-check readings), had a direct impact on the patient's health. The patient was ordered to receive extra insulin if her accu-check level was above three hundred fifty (350). Nurse S conveniently fabricated blood sugar levels below that so she would not have to administer additional insulin. Her negligent and willful actions could have severely affected her patient's health.

Nurse T thought she could go in on her day off, copy and paste previous nursing assessments for her use on her next work day in order to save time. Conducting a health assessment is a process whereby the nurse actually obtains data that describes a patient's status and then analyzes the data to form pertinent nursing diagnoses and interventions. Methods for obtaining assessment data include, but are not limited to, interviewing, observing, listening and conducting a physical examination followed by accurate documentation of your assessment.

Failing to document or documenting false information can compromise the quality of patient care and affect other members of the health care team. Documentation serves as a communication tool for the health care team during the patient's stay. It is also utilized for educational purposes, auditing, and research. And as seen here, it is used as evidence in courts of law. As a nurse, it is your legal responsibility to ensure clear, accurate, timely, and complete documentation on the essential records.

Documentation on the appropriate client record, plan/strategy of care, or other essential records should accurately describe all aspects of nursing care actually provided. Your actions do affect the performance of the entire healthcare team and the consequences of your actions ultimately threaten the patient's safety. KRS 314.021(2) holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care.

All the nurses were charged with violating KRS 314.091 (1) (d) negligently or willfully acted in a manner inconsistent with the practice of nursing; (h) has falsified or in a negligent manner made incorrect entries or failed to make essential entries on essential records; and (j) has violated any provisions of the chapter. All were issued Reprimands for their actions and ordered to pay civil penalties ranging from five hundred dollars (\$500) to one thousand dollars (\$1,000). A Reprimand is considered disciplinary action on the license and is not cleared until all requirements of the Order are satisfied. As is standard with any action taken on a license, the Reprimand is published in the KBNursing Connection, reported to other state boards of nursing and the National Council of State Boards of Nursing.

In summary, remember that you worked hard for your license and you need to protect it. Think before you act. The following contacts are available to you at the Board office: Sharon Mercer, Nursing Practice Consultant, at 502-429-3307 or toll-free at 1-800-305-2042, ext 231, for any practice-related questions, and the Consumer Protection section of the Board at 502-429-3300 for any questions related to the disciplinary process.



Dialysis Technician Validations Now Available Online

Employers, Dialysis Technicians (DTs), and members of the public can now validate DT credentials online (<http://kbn.ky.gov/onlinesrvs/bulkvalidation/>).

STAFF OF THE EPISCOPAL CHURCH HOME ASSIST IN KBN PROJECT

Nursing staff of the Episcopal Church Home in Louisville graciously assisted KBN in a unique request—posing for pictures to be used on a poster KBN is creating to highlight its use of TERCAP© (Taxonomy of Error Root Cause Analysis Practice-Responsibility). The photo session was arranged by Anne Veno, CEO of Episcopal Church Home and KBN Board member.

“We never want to miss an opportunity to highlight Kentucky nurses,” said KBN Executive Director, Charlotte Beason. KBN staff also enjoyed talking with residents who stopped to watch the flurry of activity.

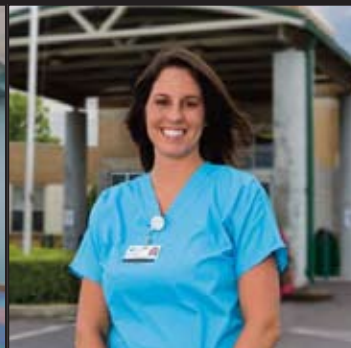
Those shown in the photos are: Christine Adams, Richard Anane, Jeremy Bockelman, Julie Brown, Paula Cates, Erika Cummins, Amy Deacon, Judy Goolsby, Deborah Kehrer, Beatrice Kiger, Amy Lyons, Patricia Marrett, Jerica Rayman, Rudi Shepherd, Kathy Shireman, Christy Taylor, Anne Veno, Deborah Walker, and Donna Watson.

When complete, the poster will be used at statewide functions to illustrate KBN’s use of the TERCAP© tool to identify the causes of practice breakdown through eight identified areas of good practice: 1) Safe medication administration,



tion, 2) Documentation, 3) Attentiveness, 4) Clinical Reasoning, 5) Prevention 6) Intervention, 7) Interpretation and implementation of authorized provider orders, 8) Professional responsibility and patient advocacy. “Practice breakdown” is defined as the disruption or absence of any of the aspects of good practice.

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CONTINUING COMPETENCY **FAQS**

by **Mary Stewart**, Continuing Competency Program Coordinator

AUDIT

Q: I was selected for the CE audit last year. I have friends that have been in nursing for many years but have never been selected. Why did I receive an audit letter, and they did not?

A: Nurses receiving CE audit letters are chosen by random selection. The number of years one has been in nursing has nothing to do with the selection process.

Q: What will happen if I am audited, and I do not have the required contact hours?

A: You will be asked to earn the required hours and submit copies of the CE certificates to KBN along with a letter of explanation as to why these hours were earned late. Once this documentation is received and accepted by KBN, you will be allowed to enter into a Consent Decree Agreement with KBN and pay the required fine. If you refuse to earn the late hours and/or pay the fine, your records and audit response will be forwarded to the Investigation and Discipline Section of the Consumer Protection Branch for initiation of disciplinary action.

GENERAL CE/COMPETENCY

Q: I understand there have been changes to the CE regulations and I will now be required to renew my license for one year rather than two. I am confused as to the earning period for Kentucky nurses?

A: Nurses are required to earn 14 contact hours or the equivalent within the yearly earning period of November 1 through October 31. You may wish to view the CE brochure available on the KBN Web site (www.kbn.ky.gov) for additional earning information.

Q: My friend refers to the continuing education hours she earns as CEUs. I notice that you refer to them as contact hours. What is the difference in a CEU and a contact hour?

A: Contact hours refer to the stated amount of time an individual was present during a course. One contact hour is equal to 50 minutes of clock time. Continuing Education Unit (CEU) is the term used as the unit of measurement by colleges and universities to designate 10 contact hours. The terms contact hour and CEU cannot be used interchangeably. Kentucky and most nursing continuing education providers require offerings to

be determined in contact hours.

Q: This is my first renewal of my Kentucky nursing license. Am I required to earn CE hours for this renewal?

A: All nurses are exempt from earning CE hours for their first Kentucky renewal. This is true for nurses licensed by examination or by endorsement from another state. If the nurse fails to renew the original license, the exemption is lost and all CE requirements must be met before the license can be reinstated.

Q: Is it true that I can use an employment evaluation for part of my CE hours?

A: Yes. A satisfactory employment evaluation or competency validation for your position as a nurse, that covers at least six months of the earning period, can be used for seven contact hours. You must earn the other seven hours. Other acceptable ways to earn your CE hours can be found online (www.kbn.ky.gov/ce/) under "Licensure Renewal Requirements."

Q: Do college courses count as CE hours?

A: Academic courses in nursing and health care, or social or physical sciences, will count toward your CE requirement. One semester credit hour equals 15 contact hours. One quarter credit hour equals 12 contact hours. These courses count as CE for the earning period in which the course was completed.

Q: I have attended a CE course that is not offered by an approved CE provider. How can I get credit for these hours?

A: You may wish to submit an "Individual Request for Review of CE Activities," (www.kbn.ky.gov/ce/) under "CE Forms and Publications," to KBN requesting contact hours for this course. There is a non-refundable charge of \$10 for the review. You can also request an application form by contacting the KBN office at 800-305-2042, ext. 237. Once submitted, your application will be reviewed and, if approved, the appropriate number of contact hours will be awarded. Applications must be submitted no later than November 30 of the licensure year.

Q: Are CE hours earned on the Internet acceptable for licensure in Kentucky? If so, how many of the required 14 hours can be earned on the Internet?

A: Internet CE courses are acceptable if offered by an approved CE provider. All 14 hours or any combination of the hours

may be from Internet providers.

Q: I understand that I can use my nursing certification for the required 14 contact hours of CE. Is this correct?

A: If you have a national nursing certification or recertification related to your practice role that is in effect the whole earning period or earned initially this period, it will count for the required 14 contact hours for Kentucky licensure.

NOTE: In addition to the national nursing certification, ARNPs are required to earn five approved contact hours in pharmacology each earning period. SANE-credentialed nurses must earn five contact hours of approved sexual assault CE.

Q: I am required to take a class in CPR where I work. Will this CPR class count toward my CE requirement?

A: No. CPR and BLS classes, as well as in-service education and nurse aide training, do not count as CE hours.

Q: Will ACLS and PALS courses count toward my CE requirement?

A: If an approved provider offers the ACLS or PALS courses, the hours earned will be accepted by KBN. See the attached list of national nursing organizations recognized by KBN for continuing education offerings or visit the KBN Web site (www.kbn.ky.gov).

Q: Can a nurse substitute CME credits for nursing contact hours?

A: CME credits do not automatically transfer to contact hours. If you wish to earn contact hours for a course that awarded CME credit, you will need to go to the KBN CE Web page (www.kbn.ky.gov/ce/) under "CE Forms and Publications," and submit an "Individual Request for Review of CE Activities." ARNPs are allowed to use CME credits for pharmacology continuing education if the provider offering the course is recognized by their national certifying organization.

Q: I have earned more CE hours this earning period than I need. Can these hours be used for my next renewal?

A: No. CE hours cannot be carried over to the next earning period. All 14 hours must be earned within the specified earning period.

PROVIDERS

Q: Where can I find a list of approved CE providers?

A: You can print a copy of the KBN approver provider list from the KBN Web site (www.kbn.ky.gov) under "CE Forms and Publications" or you may request a

continued on page 16 >>

copy of the list by contacting the KBN office at 800-305-2042, ext. 237.

In addition, a list of National Nursing Organizations recognized by KBN for continuing education is also provided on the KBN Web site and at the end of this article. If a provider approved by one of these organizations offers a course you wish to take, that course will be accepted by KBN for the same number of contact hours.

RECORD KEEPING

Q: Does KBN have a record of the CE hours I have earned?

A: No. KBN does not keep track of each nurse's CE hours – that responsibility falls on the individual nurse. It is the responsibility of the CE provider to see that the nurse receives a certificate of completion, but the provider does not send a copy of the certificate to KBN. You are not required to submit CE certificates to KBN unless requested to do so through the CE audit. Nurses must retain records of their CE/competency for at least five years following a licensure period. HIV/AIDS CE records must be retained for 12 years.

HIV/AIDS

Q: I understand there have been some changes in the HIV/AIDS CE requirements. How many HIV/AIDS contact hours must I earn, and what is the earning period?

A: All nurses are required to earn two contact hours of approved HIV/AIDS CE within the appropriate ten year period.

For LPNs, that period is 11/01/2001 through 10/31/2011. For RNs, that period is 11/01/002 through 10/31/2012. The course must be offered by an approved CE provider or approved by the Kentucky Cabinet for Health and Family Services in Frankfort, Kentucky.

PHARMACOLOGY CE FOR ARNPS

Q: I am an Advanced Registered Nurse Practitioner (ARNP) in Kentucky. Are there any specific CE requirements for my registration renewal?

A: ARNPs are required to earn five contact hours of approved CE in pharmacology each licensure period. The licensure earning period is November 1st through October 31st of the renewal year. In 2008, the regulation was amended to reflect that pharmacology CE hours can be earned from any provider that is recognized by your ARNP accrediting body. It is the responsibility of the individual ARNP to contact the certifying body for a complete and up-to-date list of recognized providers for their organization.

SEXUAL ASSAULT CE FOR SANE CREDENTIALLED NURSES

Q: Are SANE-credentialed nurses required to earn specific CE hours in addition to the required 14 contact hours for RN renewal?

A: SANE-credentialed nurses are required to earn five contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the required 14 hours for RN renewal.

National Nursing Organizations Recognized by KBN for Approval of CE Offerings

- American Academy of Nurse Practitioners (AANP) 512-442-4262
- American Association of Critical Care Nurses (AACN) 800-899-2226
- American Association of Nurse Anesthetists (AANA) 847-692-7050
- American College of Nurse-Midwives (ACNM) 240-485-1800
- American Nurses Credentialing Center (ANCC) 800-284-2378
- American Nurses Association (ANA) 800-274-4262
- Association of Women's Health, Obstetric & Neonatal Nurses (AWHONN) 800-673-8499
- National Association of Nursing Practitioners in Women's Health (NPWH) 202-543-9693
- National Association of Pediatric Nurse Practitioners (NAPNAP) 856-857-9700
- National Association of Practical Nurses Education & Service (NAPNES) 301-588-2491
- National Federation of Licensed Practical Nurses (NFLPN) 800-292-2273
- National League for Nursing (NLN) 800-669-1653
- Other State Boards of Nursing
HIV/AIDS CE approved through the Cabinet for Health and Family Services (CHFS) is also accepted.

Kentucky Board of Nursing Holds Annual Retreat

by **Charlotte F. Beason, Ed.D., RN, NEA**, Executive Director

KBN held its annual retreat at Blue Licks State Park in Carlisle, KY on August 27-28. The goal for the 2009 retreat was to provide an opportunity for KBN Board members and KBN's senior staff to explore issues that would be brought before the Board committees and the full KBN membership during the coming year. Retreats are not decision-making meetings, rather, they provide an opportunity for Board member education and for plenary discussion. On day one, topics discussed included the Kentucky Alternative Recovery Effort (KARE) for Nurses program, evidence-based decision making, the use of simulation in nursing education, Transition to Practice, *TERCAP®* (*Taxonomy of Error, Root Cause Analysis and Practice-responsibility*) and LPN scope of practice. The second day covered an overview of state and national issues likely to affect KBN such as the state budget, legislative issues, H1N1, advanced practice and innovative education programs. The final presentation for the retreat was a mock hearing to determine discipline for a practice violation with both Board members and staff playing roles, followed by discussion.

An additional highlight of the retreat was provided by Board members Sally Baxter, along with her husband Sidney, and Gail Wise and husband Tom - all from the Maysville area - who acted as hosts to the group. In the evenings the group took part in tours arranged of Old Washington and Maysville, both of which are prominent in KY history. A special event of the evening activities came on Thursday evening when Maysville Mayor David Cartmell welcomed Board and staff members and presented a proclamation declaring "Kentucky Board of Nursing Day" in the city of Maysville.

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The free report is provided by LaTonia Denise Wright. Ms. Wright is an OH licensed RN and a licensed attorney in OH, KY and IN. She represents, counsels, and advises nurses in Nursing Board and professional practice matters.



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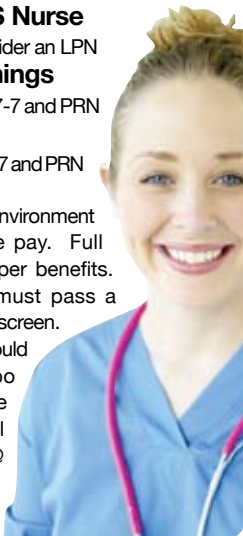
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HIGHLIGHTS OF BOARD ACTIONS

Executive Director's Report

Accepted the proposed amendments to 201 KAR 20:370 and 201 KAR 20:411.

Education Committee

ATA Career Education–Louisville, Associate Degree Program

Directed to withhold action on the Letter of Intent until such time that the program submits information as identified in the Requirements to be Met. Approved the following Requirements to be Met:

- Documentation from cooperating healthcare agencies in the community that they will provide support for the creation of the program of nursing; this documentation shall include evidence of the agencies' intention to contribute to the achievement of the clinical objectives of the program: Provide a grid that details availability of clinical experiences across the lifespan to include impact on other nursing programs.
- The program administrator for a registered nurse program shall have a minimum of two (2) years of full-time experience at or above the academic level of the program of nursing: Clarify Ms. Alt's prior teaching experience as related to associate degree nursing.
- Data that documents the need for the level of nurses in the areas to be served by the proposed program: Conduct a more thorough feasibility study specific to the need for RNs in the Louisville metro area.

Draughtons College–Bowling Green, Associate Degree Program

Directed to withhold action on the Letter of Intent until such time that the program submits information as identified in the Requirements to be Met. Approved the following Requirements to be Met:

- Documentation from cooperating healthcare agencies in the community that they will provide support for the creation of the program of nursing; this documentation shall include evidence of the agencies' intention to contribute to the achievement of the clinical objectives of the program: Provide a grid that details availability of clinical experiences across the lifespan to include impact on other nursing programs.
- Data that documents the need for the level of nurses in the areas to be served by the proposed program: Conduct a more thorough feasibility study specific to the need for RNs in the Bowling Green metro area.

Curriculum Changes

Owensboro Community & Technical College–Owensboro, Practical Nursing Program

Jefferson Community & Technical College–Louisville, Associate Degree Program

Sonia Rudolph recused herself from discussion and vote.

- Approved the addition of an on-line, modular curriculum for both the Practical Nursing and Associate Degree programs of Kentucky Community & Technical College System schools.
- Directed the Program Administrator of Owensboro Community and Technical College (PN Curriculum) and Jefferson Community and Technical College (RN Curriculum) arrange with the Education Consultant for a site visit at least one month prior to the start of classes for the first cohort of students.
- Directed that at the time of the preadmission site visit, programs shall have available for the Education Consultant the following: a) documentation of the implementation of the program; b) list of students admitted to the first class, their adherence to admission criteria and the "home" campus for each; c) copies of the faculty and student handbooks specific to this format; d)

list of faculty and clinical instructors for the first academic year as assigned by course; e) summary of clinical agencies to be utilized for the first academic year by course; f) copies of signed clinical agreements (if applicable); g) provide details on the evaluation plan for the program as compared to the traditional programs; and h) off-site access to the platform with instructor level review (no ability to modify).

- Approved the motion to amend 3.e. to read "provide support for the clinical component of the online modularized PN and RN curriculum in a grid that details the availability of clinical experiences and documentation indicating the impact on other nursing programs."
- Directed that the programs (Owensboro and Jefferson) submit a progress report at the conclusion of the first semester documenting the implementation of the program as compared to the proposal.
- Directed that prior to Spring 2010 semester, the program shall provide the following:
 - a. Details of the admission selection process for students admitted to the track
 - b. Details of faculty assignments for the track and the staff development undertaken to prepare faculty for teaching on-line
 - c. Details of the systematic assessment plan as to how the success of this track will be determined separate from the traditional classes
 - d. Detail how the implementation of the curriculum will be communicated to the other program sites.
 - e. Identify how clinical experiences will be conducted for all students, especially remote learners, to include specific clinical affiliations that will need to be added to accommodate the students; and hiring of clinical instructors.
 - f. Identify which campuses within the KCTCS system that will be accepting students for this on-line modular approach.
- Directed that the program shall submit prior to the site visit answers to the KBN questions related to distant learning.
- Directed that when the first course is "live", provide the Board of Nursing Education Consultant with access to the course with instructor capacity.

Appearance to Show Cause

A "Letter to Show Cause", due to less than an 85% NCLEX pass rate for three or more years for first time candidates, was sent to four schools: Gateway Community & Technical College–Edgewood, Associate Degree Program; Hazard Community & Technical College, Lees Campus–Jackson, Associate Degree Nursing Program; Northern Kentucky University–Highland Heights, Baccalaureate Degree Program and Spencerian College–Louisville, Associate Degree Nursing Program. The letters included specific areas of deficiencies and specific Requirements to be Met to assist in raising the pass rates. The representatives of these schools appeared before the Kentucky Board of Nursing Board to acknowledge their work on plans to improve their pass rates. The Board scheduled the following timeline for responses from each school:

- August 15, 2009 – Submit a written report outlining all activities that have been implemented to address the NCLEX pass rate.
- December 15, 2009 – Submit a written follow-up to the August 15, 2009 NCLEX report providing additional evidence related to intervention plans.
- February 10, 2010 – Directed the program administrator and

the head of the governing institution or designee return to the Kentucky Board of Nursing Board Meeting to review actions and status of program.

Gateway Community & Technical College–Edgewood, Associate Degree Program

Gail Wise, RN Board Member, recused herself from the discussion/vote

- Accepted the site visit report of February 5-6, 2009 and the "Letter to Show Cause" issued for the third consecutive year of less than an 85% NCLEX pass rate.
- Directed that as specified in the Letter to Show Cause issued to the program on May 6, 2009 from the Board of Nursing, the Associate Degree program of Gateway Community & Technical College, Edgewood shall submit a report on activities designed to increase pass rates for first time NCLEX candidate (NCLEX report). This report shall be sent to the KBN Education Consultant no later than August 15, 2009.
- Directed that the NCLEX report shall summarize prior activity reports submitted to the Board during the academic years of 2006-2007 and 2007-2008 in response to less than 85% pass rate for first time candidates. This report shall include:
 - o A listing by academic year of each activity initiated by the program or college, include the implementation date for each and the admission/graduating class that each activity would impact.
 - o Analysis of the data collected to document student outcomes as a result of each activity.
 - o Revision(s) or enhancement(s) planned for the upcoming academic year with a timeline for each.
- Directed that the program submit a written follow-up to the August 15, 2009 NCLEX report providing additional evidence related to interventions no later than December 15, 2009.
- Directed that the Board shall conduct a follow-up visit to the program in January 2010 to review evidence of the implementation actions and their outcomes.
- Directed that the program administrator and the head of the governing institution or designee shall return to the February 2010 Board meeting (exact date and time will be announced when determined) to review actions and status of program. At this meeting, the Board will make a decision to allow the program additional time for improvement or that a hearing be conducted to determine possible removal of Board approval.
- Directed that the approval status of the Associate Degree Program of Gateway Community & Technical College, Edgewood remain Conditional pending the 2009 NCLEX results and the program plan of correction.

Hazard Community & Technical College, Lees Campus–Jackson, Associate Degree Nursing Program

- Accepted the focused visit report of March 3-4, 2009 and a "Letter to Show Cause" issued by the Board of Nursing for the third consecutive year of less than an 85% NCLEX pass rate.
- Directed that as specified in the "Letter to Show Cause" issued to the program on May 6, 2009 from the Board of Nursing, the Associate Degree program of Hazard Community & Technical College-Lees Campus, Jackson shall submit a report on activities designed to increase first time candidate NCLEX pass rates (NCLEX report). This report shall be sent to the KBN Education Consultant no later than August 15, 2009.
- Directed that the NCLEX report shall summarize prior activity reports submitted to the Board during the academic years of

2006-2007 and 2007-2008 in response to less than 85% pass rate for first time candidates. This report shall include:

- o A listing by academic year of each activity initiated by the program or college, include the implementation date for each and the admission/graduating class that each activity would impact.
- o Analysis of the data collected to document student outcomes as a result of each activity.
- o Revision(s) or enhancement(s) planned for the upcoming academic year with a timeline for each.
- Directed that the program submit a written follow-up to the August 15, 2009 NCLEX report providing additional evidence related to interventions no later than December 15, 2009.
- Directed that the Board shall conduct a follow-up visit to the program in January 2010 to review evidence of the implementation of actions and their outcomes.
- Directed that the program administrator and the head of the governing institution or designee shall return to the February 2010 Board meeting (exact date and time will be announced when determined) to review actions and status of program.
- Approved that the status of the Associate Degree Program of Hazard Community & Technical College - Lee Campus remain Conditional pending the 2009 NCLEX results and the program plan of correction.

Northern Kentucky University–Highland Heights, Baccalaureate Degree Program

- Accepted the focused visit report of March 30-31, 2009 and a "Letter to Show Cause" issued for the third consecutive year of less than an 85% NCLEX pass rate.
- Approved the "Requirements to be Met" as stated in the March 30-31, 2009 report of the Baccalaureate Degree Program of Northern Kentucky University, Highland Heights.
- Directed that as specified in the "Letter to Show Cause" issued to the program on May 6, 2009, the Baccalaureate Degree Nursing Program of Northern Kentucky University, Highland Heights shall submit a report on activities developed and implemented in response to the three consecutive years of less than 85% pass rate for first time NCLEX candidates (NCLEX report). This report shall be sent to the KBN Education Consultant no later than August 15, 2009.
- Directed that the NCLEX report shall summarize prior activity reports submitted to the Board during the academic years of 2006-2007 and 2007-2008 in response to less than 85% pass rate for first time candidates. This report shall include:
 - o A listing by academic year of each activity initiated by the program or university, include the implementation date for each and the admission/graduating class that each activity would impact.
 - o Analysis of the data collected to document student outcomes as a result of each activity.
 - o Revision(s) or enhancement(s) planned for the upcoming academic year with a timeline for each.
- Directed that the program shall submit a written follow-up to the August 15, 2009 NCLEX report providing additional evidence related to interventions no later than December 15, 2009.
- Directed that in addition to the NCLEX analysis report, the program shall submit a second report detailing compliance with Requirements to be Met within four weeks of the June 11, 2009

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Board meeting, to include a timeline for the correction of each "requirement to be met" identified in this report. (Submission date: July 11). A final report as to the final resolution of each identified requirement submitted no later than December 15, 2009.

- Directed that the Board shall conduct a follow-up visit to the program in January 2010 to review evidence of the implementation actions and their outcomes.
- Directed that the program administrator and the head of the governing institution or designee shall return to the February 2010 Board meeting (exact date and time will be announced when determined) to review actions and status of program.
- Approved that the status of the Baccalaureate Degree program of Northern Kentucky University, Highland Heights remain Conditional pending 2009 NCLEX results and the program plan of correction.

Spencerian College–Louisville, Associate Degree Nursing Program

- Accepted the focused visit report of May 4-5, 2009 and a "Letter to Show Cause" issued by the Board of Nursing for the sixth consecutive year of less than an 85% NCLEX pass rate.
- Approved the Requirements to be Met as stated in this May 4-5, 2009 report to the Associate Degree program of Spencerian College, Louisville.
- Directed that as specified in the "Letter to Show Cause" issued to the program on May 6, 2009 from the Board of Nursing, the Associate Degree program of Spencerian College, Louisville shall submit a report outlining all activities that have been implemented over the past six years to address the NCLEX pass rate. This report shall be sent to the KBN Education Consultant

no later than August 15, 2009.

- Directed that the NCLEX report shall summarize prior activity reports submitted to the Board during the past five academic years in response to less than 85% pass rate for first time candidates. This report shall include:
 - A listing by academic year of each activity initiated by the program or college, include the implementation date for each and the admission/graduating class that each activity would impact.
 - Analysis of the data collected to document student outcomes as a result of each activity.
 - Revision(s) or enhancement(s) planned for the upcoming academic year with a timeline for each.
- Directed that the program submit a written follow-up to the August 15, 2009 NCLEX report providing additional evidence related to interventions plans no later than December 15, 2009.
- Directed that in addition to the NCLEX analysis report, the program shall submit a second report detailing compliance with Requirements to be Met within four weeks of the June 11, 2009 Board meeting, to include a timeline for the correction of each "requirement to be met" identified in this report. (Submission date: July 11). A final report as to the final resolution of each identified requirement submitted no later than December 15, 2009.
- Directed that the Board shall conduct a follow-up visit to the program in January 2010 to review evidence of the implementation actions and their outcomes.
- Directed that the program administrator and the head of the governing institution or designee shall return to the February 2010 Board meeting (exact date and time will be announced

continued on page 22 >>

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<< HIGHLIGHTS continued from page 20

when determined) to review actions and status of program.

- Approved the status of the Associate Degree program of Spencerian College, Louisville remain Conditional pending 2009 NCLEX results and the program plan of correction.

Practice Committee

- Accepted as amended the sentence "The permitted Nurse-midwife may not practice according to an established protocol as defined in 201 KAR 20:057" be deleted from the Guidelines.
- Accepted the Guidelines for Review of Scope of Practice Functions as written.
- Accepted the Scope and Practice Determination Guidelines as written.
- Approved the letter of response to Julie Seitz, J.D., regarding the medical screening exams under EMTALA is not within the scope of practice of a registered nurse.
- Accepted the 2008-2009 Practice Committee Annual Report as written.

Governance Panel

Adopted the proposed agenda for the August board retreat.

Credentials Review Panel

- Approved the release of NCLEX results to other state Boards of Nursing.
- Approved the proposed revisions to 201 KAR 20:240, Fees for applications and for services.

Advanced Registered Nurse Practice Council

Approved the following people as members on the:

- David Schwytzer, ARNP-CRNA
- Jessica Estes, RN, MSN, ARNP-BC
- Kristin Paul, MSN, ARNP-CNP

Unlicensed Assistive Personnel (UAP) Task Force

Melissa Muse from Children's Alliance presented her six-month update as directed at the December 2008 Board Meeting.

HIGHLIGHTS OF BOARD ACTIONS

August 26, 2009

The August 2009 Kentucky Board of Nursing (KBN) Board Meeting was held at Maysville Community and Technical College in Maysville, Kentucky.

President of KBN, Jimmy Isenberg, welcomed the students and other visitors to the meeting. Nathan Goldman, General Counsel for KBN, swore in the three reappointed board members, Sally Baxter, Carol Komara, Anne Veno and one newly appointed board member, Anita Simmons.



President's Report

Reported on the recent National Council of State Boards of Nursing (NCSBN) Annual Conference. Board Members, Patricia Birchfield and Gail Wise, presented additional information from the annual conference.

Executive Director's Report

Accepted the change to the Initial Licensure Application –Entry level education question – "What type of nursing degree/credential qualified you for your first U.S. nursing license?" It is recommended to separate Masters and Doctoral options. [this now appears as a single entry: masters/doctoral].

Kentucky Board of Nursing Committee Reports

A brief overview of each KBN Committee was presented by the committee chairperson. A question and answer period was conducted at the end of each presentation and, also, at the conclusion of the board meeting.

Advanced Registered Nurse Practice Council

- Approved the following person as a member on the Advanced Registered Nurse Practice Council: Leandra M. Price, DNP, CNS, BSN

Dialysis Technician Advisory Council

- Approved the following person as a RN member on the Dialysis Technician Advisory Council: Kathy Roberts, RN
- Approved the following person as a Dialysis Technician member on the Dialysis Technician Advisory Council: Kimberly Dawn Bailey, Dialysis Technician

Disciplinary Action

Approved nine (9) Proposed Decisions, as written, and received reports on the approval of twenty-three (23) Agreed Orders, twenty-three (23) Consent Decrees, and one (1) Removal of Licenses from Probation. Accepted the proposed amendments to 201 KAR 20:370 and 201 KAR 20:411.

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A letter sent from KBN to Representative Rick Rand

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800-305-2042
Fax: 502-429-3311

KENTUCKY BOARD OF NURSING

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Louisville, Kentucky 40222-5172
kbn.ky.gov

Steven L. Beshear
Governor

August 12, 2009

Representative Rick Rand, Chairman
KY House of Representatives – Appropriations & Revenue Committee
P.O. Box 273
Bedford, KY 40006

Dear Rep. Rand:

As President of the Kentucky Board of Nursing (KBN) I am writing on behalf of Board members to convey our increasing concern for the practice of sweeping funds from KBN as a method of balancing the state's budget. The Board of Nursing regulates the practice of over 65,000 nurses and has oversight for 85 educational sites that prepare several thousand students for nursing licensure. In 2009, KBN resolved 1613 cases originating from complaints of violation of the Kentucky Nursing Laws. The Kentucky Nurse Incentive Scholarship Program and the Kentucky Alternative Recovery Effort (KARE for Nurses) Program are under the direction of the Board and additionally, Board staff monitor nearly 300 nurses for compliance to legal orders or KARE participation.

All KBN operating expenses come from the fees paid by licensees. KBN receives no monies from the General Fund and KRS 314.161 stipulates that all funds received by the board are deposited into a separate trust fund for the board... "The fund shall be held subject to the order of the board, and to be used for meeting necessary expenses incurred in the performance of the purposes of this chapter and the duties imposed thereby." What began as an emergency budget measure now appears to be a commonly accepted practice and since 2003 a total of \$3,618,400 has been transferred from KBN restricted funds to the General Fund. (2003 = \$1,574,700, 2008 = \$1,700,000, 2009 = \$343,700). This is, in effect, an occupational tax on the state's nurses.

Continuing fund transfers have already resulted in cancellation of planned improvements that would optimize staff time and eliminate the need for additional human resources. Future transfers can result in the Board's inability to adequately investigate and monitor violations of the state nursing laws which would allow nurses to remain in practice long after they should have been sanctioned and removed from caring for the public—a situation that now exists in a number of other states much to the detriment of the public.

When the Board runs out of money, which is a quickly approaching reality, Board members will be faced with the decision to increase fees or to curtail certain services as compensation for those monies diverted to the General Fund. Nurses, as a group can ill afford, and should not be asked to pay, increased fees that will not support operation of KBN, the agency regulating their practice.

Board members recognize that in an "emergency" all state agencies must band together. But if this routine rather than emergent practice continues, it is likely KBN will need to curtail certain services and raise fees before the FY2010-11 renewal period in order to pay for the proposed fund transfer and have sufficient operating revenue to go into FY 2011.

The Board of Nursing asks that you consider the issues raised in this letter and the detrimental effect continuing fund transfers will have on KBN's operations and its mission to protect the public. Should you have any questions, please contact Charlotte Beason, Executive Director, Sue Derouen, Operations Manager at 502-429-3300.

Sincerely,



Jimmy T. Isenberg, Ph.D., RN
President
Kentucky Board of Nursing



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DISCIPLINARY Actions

Since the publication of the spring edition of the *KBN Connection*, the Board has taken the following actions related to disciplinary matters as authorized by the *Kentucky Nursing Laws*. A report that contains a more extensive list of disciplinary actions is available on the KBN website (<http://kbn.ky.gov/conprotect/investdiscp/disciplinary.htm>). If you need additional information, contact KBN's Consumer Protection Branch at 502-429-3300.

IMMEDIATE TEMPORARY SUSPENSION OF PRIVILEGE TO PRACTICE

Coffey, Michelle Rene	TN License #112811	Pikeville, KY	Eff. 9/30/2009
Driskill, Gail Bonicci	TN License #441072	Paducah, KY	Eff. 6/18/2009
Smith, Darla Gail	TN License # 99844	Lexington, TN	Eff. 7/10/2009
Widner, Lisa	RN License #62950	Halls, TN	Eff. 9/30/2009

PRIVILEGE TO PRACTICE SUSPENDED

Bowers, Vickie Harrison	TN License #91952	Collierville, TN	Eff. 8/26/2009
Hawks, Derek S.	TN License #128726; KY License #1100632	South Fulton, TN	Eff. 8/26/2009

LICENSE/CREDENTIAL DENIED

Bowers, Vickie Harrison	TN License #91952	Collierville, TN	Eff. 8/26/2009
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IMMEDIATE TEMPORARY SUSPENSION OF LICENSE/CREDENTIAL

Browne, Amy Marie	LPN License #2031443	Murray, KY	Eff. 7/31/2009
Coffee, Tina L. Stokley	LPN License #2021627	Frankfort, KY	Eff. 9/11/2009
Greene, Holly Lynn Tudor	LPN License #2029875	Louisville, KY	Eff. 9/1/2009
Hatfield, Candace Nicole Mandrell	LPN License #2041671	Cumberland, KY	Eff. 6/18/2009
Hooper, Erin Michelle Mitchell	RN License #1118354	New Albany, IN	Eff. 9/1/2009
Johnson, Stephanie J. Muncy	LPN License #2040310	Lovely, KY	Eff. 6/18/2009
Miller, Samantha Ann Evans	LPN License #2025925	Mt. Sterling, KY	Eff. 7/10/2009
Patton, Sherry M. Melissa	RN License #1071305	Ashland, KY	Eff. 8/11/2009
Shupe, Janice S.	LPN License #2018362	Williamsburg, KY	Eff. 6/26/2009
Silakowski, Joy L. Turner	RN License #1101996	Scottsburg, IN	Eff. 8/11/2009
Simms, James William	LPN License #2028820	New Albany, IN	Eff. 9/22/2009
Unrue, Tonya S.	RN License #1102475	Argillite, KY	Eff. 8/20/2009
Williams, Katie Ella	LPN License #2041654	Slaughters, KY	Eff. 9/3/2009

LICENSE/CREDENTIAL IMMEDIATELY SUSPENDED OR DENIED REINSTATEMENT FOR FAILURE TO COMPLY WITH BOARD ORDER; STAYED SUSPENSION IMPLEMENTED OR TERMINATION FROM THE KARE PROGRAM

Austin, Rhonda L. Colson	RN License #1062669	Paducah, KY	Eff. 7/1/2009
Bouchard, Dena C.	RN License #1089600	Lexington, KY	Eff. 7/20/2009
Broker, Karen S. Huffman	RN License #1067678	Louisville, KY	Eff. 7/29/2009
Christmas, Jenny Walden Northern	RN License #1107077	Russellville, KY	Eff. 8/10/2009
Evans, Steven Loyd	LPN License #2030434	Morgantown, KY	Eff. 7/1/2009
Hall, Paula Kay Davis	RN License #1080364	Olive Hill, KY	Eff. 8/10/2009
Hatton, Amanda Brooke	RN License #1111674	Lawrenceburg, KY	Eff. 6/18/2009
Hornsby, Darin Kevin	RN License #1081222	Loveland, OH	Eff. 9/3/2009
Kays, Ashley O'Neil	RN License #1117864	Lawrenceburg, KY	Eff. 7/23/2009
King, Theresa Woodard	RN License #1050542	Benham, KY	Eff. 8/20/2009
Lovings, Jamie Gale	RN License #1114232	Louisville, KY	Eff. 8/10/2009
	LPN License #2035508		
Paniccia, Stephanie	RN License #1100951	Louisville, KY	Eff. 7/20/2009
Partin, Lori Lee Mills	RN License #1101396	Flatlick, KY	Eff. 7/13/2009
Power, Lea Ann Hudson	RN License #1063029; LPN License #2022127	Metropolis, IL	Eff. 7/29/2009
Prow, Heather Nichole Robinson	RN License #1093606	White Plains, KY	Eff. 7/29/2009
Risnear, Kimberly Annette Meinert	RN License #1088932	Hopkinsville, KY	Eff. 7/29/2009
Sanford, Tammy J. Tucker	RN License #1106365	Hickory, KY	Eff. 8/10/2009

2009 RENEWAL INFORMATION

WHO: All nurses who hold a current Kentucky RN or LPN license, ARNP registration, and/or SANE credential

WHAT: Must renew the license, registration, and/or credential

WHEN: Between midnight July 1 and midnight October 31, 2009, Eastern Time. **RENEWAL PERIOD ENDS October 31, 2009 at midnight!**

WHERE: www.kbn.ky.gov/renewal

WHY: Kentucky Nursing Laws mandate renewal

HOW: Using the last four digits of your social security number, license number, and date of birth, access and complete the online renewal application.

- Payment may be made by credit/debit card (Master Card or Visa only), a deduction directly from your checking (personal or business) or savings account, or prepaid credit cards.
- The license number that you enter will be the license that is renewed.

Sickels, Randy Alan	RN License #1116629	Centertown, KY	Eff. 6/16/2009
Spurlock, Susan Raye Carter	RN License #1085708	Prestonsburg, KY	Eff. 6/18/2009
Taylor, Deborah Joy	LPN License #2027030	Stanford, KY	Eff. 7/13/2009
Terrell, Mary Suzanne	RN License #1059112	Louisville, KY	Eff. 8/10/2009
Thacker, Tabatha Lynn	RN License #1086957	Jackson, KY	Eff. 9/3/2009

LICENSE/CREDENTIAL CONTINUED ON SUSPENSION

Darvish, Patricia Dianne Pflug	RN License #1116661	Palm Coast, FL	Eff. 8/26/2009
Perry, Angela Black	LPN License #2028514	Morehead, KY	Eff. 8/26/2009
Smith, Marcia Lee	LPN License #2014323	Dixon, KY	Eff. 6/12/2009

LICENSE/CREDENTIAL SUSPENDED

Aleman, Amber D. Wheeler	LPN License #2040128	Elizabethtown, KY	Eff. 9/1/2009
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LICENSE/CREDENTIAL VOLUNTARILY SURRENDERED

Banta, Kenneth M.	LPN License #2022428	Lexington, KY	Eff. 9/1/2009
Brown, Lena Marie Hoyland	LPN License #2040185	Jeffersonville, IN	Eff. 7/2/2009
Calhoun, Margaret Michelle Ward	RN License #1106308	Calvert City, KY	Eff. 9/1/2009
Hunt, Sonja K. Abshire	LPN License #2022902	Shelbiana, KY	Eff. 9/9/2009
Lawrence, April Gail	LPN License #2033928	Fairdale, KY	Eff. 7/10/2009
Pinotti, Elizabeth Ann Layman	RN License #1108865	Louisville, KY	Eff. 7/31/2009
Postma, Stacey Ann Lauer	LPN License #2036488	Louisville, KY	Eff. 7/31/2009
Sizemore, Ray Donald Jr.	RN License #1080661	Corydon, IN	Eff. 7/2/2009

LICENSE/CREDENTIAL DENIED REINSTATEMENT

Bates, Zipporah Kezia	TN License #152991	Tazewell, TN	Eff. 6/12/2009
Burnette, Stephanie Carol	RN License #1113318	Madisonville, KY	Eff. 8/26/2009
Hammons, Jeffrey Allen	ARNP #4877	Louisville, KY	Eff. 7/10/2009
Hawks, Derek S.	TN License #128726; KY License #1100632	South Fulton, TN	Eff. 8/26/2009
Heatwole, Angie M.	TN License #110311	Jellico, TN	Eff. 6/12/2009

LICENSE/CREDENTIAL TO BE REINSTATED LIMITED/PROBATED

Evitts, Drema Gail Mercer	RN License #1046426	Greenville, KY	Eff. 8/26/2009
Faulkner, Paula Elaine	LPN License #2034025	Louisville, KY	Eff. 8/26/2009
Freeman, Melissa Stacy	LPN License #2031460	Bromley, KY	Eff. 7/2/2009
Harris, Donica Donnelle	RN License #1104415	Pikeville, KY	Eff. 8/26/2009
Jones, Patricia Lynn	RN License #1106188	Lexington, KY	Eff. 7/2/2009
Smith, Angela Leigh	RN License #1111322	Elizabethtown, KY	Eff. 8/26/2009

LICENSE/CREDENTIAL LIMITED/PROBATED

Bowen, Debby S. Woodside	LPN License #2039729	Lexington, KY	Eff. 9/1/2009
Deer, Tara Nina Hogan	LPN License #2036890	Flatwoods, KY	Eff. 7/31/2009
Dukes, Elizabeth Marie Kelley	RN License #1083636	White Plains, KY	Eff. 7/31/2009
Hammons, Jeffrey Allen	RN License #1090710	Louisville, KY	Eff. 7/10/2009
Marlow, Jessica L. Perkins	LPN License #2037408	Corbin, KY	Eff. 7/2/2009
McCrea, Brandon Christopher	RN License #1105217	Louisville, KY	Eff. 9/1/2009
Napier, Jessica Aretta	RN License #1096860	Evarts, KY	Eff. 9/1/2009
Perguson, Angela Elizabeth Robertson	LPN License #2040032	Brandenburg, KY	Eff. 9/1/2009
Turner, Karen L. Davis	RN License #1080184	Bowling Green, KY	Eff. 9/1/2009
Young, Eleanor Lorraine Swan	LPN License #2034280	Foster, KY	Eff. 9/9/2009

ADMIT TO EXAM/LIMITED/PROBATED

Judd, Tiffany Lynn	RN Applicant/Examination	Lawrenceburg, KY	Eff. 7/10/2009
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LICENSE/CREDENTIAL REPRIMANDED

Cantley, Ashley Breigh Verbage	RN License #1101551	Huntington, WV	Eff. 9/9/2009
Du Chane, Muriel Deloris	LPN License #2035223	Louisville, KY	Eff. 7/31/2009
Firman, Angela Dolores	RN License #1060722	Louisville, KY	Eff. 9/9/2009
Ford, Rhonda Sue West	LPN License #2026992	Paducah, KY	Eff. 7/16/2009
Payton, Tiffany Berry	RN License #1098511	Smithfield, KY	Eff. 7/2/2009
Payton, Tommie Gail Miller	RN License #1100974	Buena Vista, GA	Eff. 9/9/2009
Rivera, Christy Janine Brooks	RN License #1088540	Louisville, KY	Eff. 7/2/2009
West, Dian Walker	LPN License #2030003	Owensboro, KY	Eff. 7/31/2009
Wilson, Christy Lea	LPN License #2034877	Louisville, KY	Eff. 7/31/2009

CONSENT DECREES ENTERED FISCAL YEAR TO DATE

Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP registration	4
Imposition of civil penalty for failure to meet mandatory continuing education requirement	8
Imposition of civil penalty for a positive drug screen	4

LICENSES REMOVED FROM PROBATION FISCAL YEAR TO DATE	2
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KENTUCKY ALTERNATIVE RECOVERY EFFORT (KARE) PROGRAM GRADUATES TO DATE	6
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What It Means to Be a Licensed Professional

Becoming a licensed professional means much more than simply being authorized to write RN, LPN or ARNP after one's name. In Kentucky, as in all other states and most countries, professionals such as physicians, dentists, and nurses are regulated

through licensure. "Professional licensure of the healthcare professions was established to protect the public safety and authorize the practice of the profession" (Nursing: Scope and Standards of Practice, American Nurses Association, 2004, p. 12). This licensure requirement is reflected in the Kentucky Nurse Practice Act in Kentucky Revised Statute (KRS) 314.021 which states:

"(1) It is the declared policy of the General Assembly of Kentucky that the practice of nursing should be regulated and controlled as provided herein and by regulations of the board [of nursing] in order to protect and safeguard the health and safety of the citizens of the Commonwealth of Kentucky.

(2) All individuals licensed or privileged under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety."

The *Kentucky Nursing Laws* hold each nurse individually responsible and accountable for his/her nursing actions. Kentucky nurses are expected to employ critical thinking, practice with skill and safety, and are accountable for being educationally prepared and clinically competent. Every citizen is entitled to competent, safe nursing care and the best of health outcomes.

It should be understood that licensure is a privilege, not a right. The state, through its legislature, sets the requirements for licensure of the professions and an individual must meet those requirements in order to become licensed. "The right to practice a recognized profession is not an absolute or unqualified right. It is one that is certainly subject to the police power of the state. The state's interest, of course, is the protection of the public;

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consequently, the state controls the various aspects of professional practice. This includes, among other things, admission to the practice, standards of practice, continuing competency, removal from practice, and readmission to practice.” (*The Law of Professional Licensing and Certification*, Randolph Reaves, 1997, p. 1). The responsibilities of licensed nurses to practice safely are delineated by the *Kentucky Nursing Laws* and regulations which all nurses can readily access on the KBN website (<http://kbn.ky.gov/laws>).

Maintaining safe practice is the responsibility of licensees and all who encounter their practice. The *Kentucky Nursing Laws* mandate any nurse, employer of nurses, or any person, having knowledge of a nurse acting in a manner inconsistent with the practice of nursing, to report such actions to the Board. Just as the state gives the license, the state can sanction or take away the license. This is known as the disciplinary process. The licensee has the constitutional right of due process during the disciplinary action, but the licensee does not have an absolute right to keep a license.

Licensed professionals also have responsibilities to their licensing board. For example, in Kentucky, a nurse has the responsibility of reporting to the Board any criminal conviction or disciplinary action on another professional license. See, KRS 314.108 and KRS 314.109. A nurse has an obligation to maintain a current, accurate mailing address with the Board. KRS 314.107. A nurse has the obligation of reporting any potential violation of the Nurse Practice Act. KRS 314.031. A nurse has the responsibility of renewing his/her license in a timely manner and of meeting the continued competency requirements. KRS 314.071 and KRS 314.073.

In reading this, you see that being a licensed professional is a serious responsibility – far more than just doing a job. The licensed professional has responsibilities to the public and to the state. But most of all, the licensed professional has responsibilities to themselves, to be the best they can be.

11TH ANNUAL ENDING SEXUAL ASSAULT AND DOMESTIC VIOLENCE CONFERENCE

DECEMBER 1-3, 2009

MARRIOTT GRIFFIN GATE RESORT, LEXINGTON, KENTUCKY

Sponsored by the Kentucky Association of Sexual Assault Programs (KASAP), the Kentucky Domestic Violence Association (KDVA), the Justice and Public Safety Cabinet, the Division of Violence Prevention Resources, and others.

Focus Areas include:

- Human trafficking
- Prevention
- Advocacy
- Cognitive therapy for sexual assault survivors or witnesses of violence who are children
- Disability-related issues
- Social justice/oppression
- Advanced skill building in clinical areas

Nursing CEUs will be offered for workshops throughout the Conference.

A special opportunity will also be provided for nurses who are unable to attend the entire event. On December 2, from 1:45 – 5pm, as part of the conference, the “Sexually Transmitted Infection Update and Hands on STI Exam Workshop” will be offered free to nurses. The workshop is jointly sponsored by the Kentucky AIDS Education Center and the Alabama-North Carolina Prevention Training Center. Three (3) continuing education credits are being offered. Pre-registration is required.

More information will be available in late September at www.kasap.org.

Special “Pre-Conference” opportunities will also be offered on November 30, 2009. For additional information, contact Eileen Recktenwald (erecktenwald@kasap.org).



SEXUAL ASSAULT NURSE EXAMINER (SANE) TRAINING DATES

What is a SANE? A SANE is a registered nurse who has received additional education and training in sexual assault and forensic nursing and is credentialed by KBN. A SANE may perform sexual assault medical-legal examinations, collect and preserve evidence, and can be considered an expert witness in the judicial system.

The SANE is a critical member of a sexual assault response team (SART) that uses a victim-centered approach in the investigation and treatment of victims of sexual assault, providing compassionate, efficient, and highly skilled care and support throughout the criminal justice process.

How to become a SANE? The SANE credential is earned through completion of a 40-hour didactic training that is followed by 60 hours of self-guided clinical study.

SANE/SART Training Dates:

Louisville	November 16-20, 2009
Maysville	March 29 – April 2, 2010
Louisville	April 12-16, 2010
Bowling Green	May 3 – 7, 2010
Grayson	May 24-28, 2010

A registration brochure and additional information will be posted soon on the Kentucky Association of Sexual Assault Programs website (www.kasap.org).

You may also contact Emily Tamas, Program Coordinator via email (etamas@kasap.org) or 502-226-2704. Registration is limited, so apply early.

What is the KARE for Nurses Program?

by Paula S. Schenk, MPh, RN,
KARE Program Manager

The Kentucky Alternative Recovery Effort (KARE) for Nurses program was developed and is offered by the Kentucky Board of Nursing (KBN). The purpose of KARE is to identify and assist nurses whose abilities to provide nursing care are compromised by dependency on drugs or alcohol so that they can return to competent and safe practice. The program recognizes that nurses are individuals who have dedicated their lives to helping others and are now in a need of help. KARE's foundation is that substance abuse is treatable and that the recovery and return to competent nursing practice is in the best interest of the nurse and public health. KARE believes that a nurse should not lose a job or license due to substance abuse and offers an opportunity for encouragement, treatment and recovery. The program emphasizes hope and is administered with compassion, confidentiality, concern and dignity for the nurse.

The Disease . . .

Many people believe that nurses are immune from addiction by virtue of their intelligence and education. In reality, exposure, easy availability, and familiarity with medications often lead predisposed health professionals to develop chemical dependency. Substance abuse is one of the major factors threatening safe nursing practice. Chemical dependency is a chronic, progressive illness characterized by the use of chemicals in spite of adverse consequences. This compulsive-use cycle may have periods where use is controlled, but it is normally followed by at least one episode of out-of-control use causing adverse consequences in one's life. Not recognizing or dealing with chemical dependency will exacerbate the problem. Often we are too engrossed in our own problems to be objective, and our individual efforts result in more stress that increases the severity of the situation. Left untreated, chemical dependency will not only risk your life, but the life and safety of patients.

There is a place to turn for help . . .

Nurses often buy into the myth that they should be able to handle their chemical dependency because they are health care providers. What may seem a tremendous burden to one person can become a lighter load when shared with someone else. The first step is to admit there is a problem. It isn't easy to admit to another person that we are having trouble handling our problems alone. It is a subject that we avoid discussing or confronting. Yet once we reach that first step, we can begin the process of regaining our life.

Services . . .

KARE develops individualized Program Agreements

based upon the unique circumstances of the nurse.

Monitoring can be facilitated in many ways, such as:

- Assisting with identification, assessment and referral to approved treatment providers.
- Monitoring participants' compliance during recovery and continued nursing practice.
- Providing education to nurses, employers and other groups about KARE.
- Providing encouragement and support to help ensure the participants are able to practice nursing in accordance with acceptable and prevailing standards of safe nursing care.

Confidentiality . . .

Requests for information and/or assistance are strictly confidential. All records of program participants are confidential. Participation in KARE is voluntary and will remain anonymous as long as the participant is compliant with the terms of the program agreement.

Eligibility . . .

A nurse may access KARE by self-referral, board referral, referral from another person or agency, such as an employer, coworker or family member. Admission to KARE is available to individuals who, at the time of application, meet the requirements listed below:

- RN or LPN, licensed in Kentucky or an applicant for a credential issued by KBN;
- Request participation in the program (regardless of whether referred by the Board, self, or another person);
- Admit, in writing, to being a chemically dependent individual;
- Have not been terminated from a similar program in this or any other state for noncompliance;
- Have attended an approved treatment provider;
- Obtain a chemical dependency assessment, which includes a complete physical and psychosocial evaluation performed by a licensed or certified medical or psychological specialist in the field of drug, alcohol, or other chemical dependency;
- Agree to the terms set forth in the agreement; and
- Agree not to be employed in any capacity in a patient care setting or one that requires licensure until approved to do so by the program staff.

Questions? KARE compliance forms are located at <http://kbn.ky.gov/kare.htm>. To obtain further information or to make a confidential referral, call 800-305-2042 and speak with Paula Schenk, KARE Director (Ext. 236 or PaulaS.Schenk@ky.gov) or Jill Cambron, KARE Coordinator (Ext. 289 or JillM.Cambron@ky.gov).

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Our focus has always been one thing: delivering the best patient care we can. It's a commitment, a passion – one shared by everyone in our organization.

At OMHS, we've got great, quality people who are helping to grow our regional medical center in Kentucky. Come join us, where we offer comprehensive benefits, tuition reimbursement and self-scheduling.



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To join the Quality team of nurses at OMHS, visit us at omhs.org.